



# Music. Art. Drama. Recreation.

## Jr. Staff Registration Form

**\$59.00 (\$20.00 to reserve your spot, 10% discount each additional sibling)**

*Please **PRINT** all information: (Please use one form for each student.)*

**LAST NAME** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Your cell phone (if you have one)** \_\_\_\_\_ **Grade in School** \_\_\_\_\_

**Do you attend church?** Yes No **If yes, which one?** \_\_\_\_\_

**Do you know how to swim?** Yes No

**Shirt size:** Youth – S M L **Adult –** S M L XL XXL (please circle one)

**How did you hear about THRIVE?** \_\_\_\_\_

**Parent or Legal Guardian**

Circle if you are a member: YMCA ZOO

**Father** \_\_\_\_\_ **Best Contact Phone** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Best Contact Phone** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Please give the name of someone who can be reached in any emergency in the event that the parent is unavailable. **This information must be filled in before application will be accepted.**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**THE FOLLOWING ADULTS (NON PARENTS) MAY PICK UP STAFF:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Please notify THRIVE Sr. staff if there are any changes to the above information.*

**My child is interested in trying out for:** **Drama** \_\_\_\_\_ **Solo** \_\_\_\_\_

**Performance/Publication/Media Rights Release - Please check each box**

( ) I understand that my child is required to attend all performances and any additional rehearsals that may be scheduled.

( ) I give permission for my child to participate in all activities including any public performances.

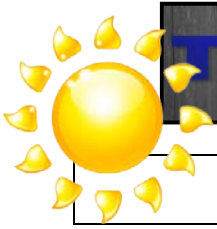
( ) I permit THRIVE to use any photographs, video images and sounds, and/or audio sounds of my child for the purpose of promoting THRIVE and THRIVE Summer Camp programs. I forfeit the right to be compensated for these materials.

The above information is correct to the best of my knowledge

\*\*If you understand and agree with what you have read, please sign your full name on the line below.

\_\_\_\_\_  
**Parent/Guardian Authorization**

\_\_\_\_\_  
**Date**



## Medical Release Form

DATE \_\_\_\_\_

Please **PRINT** all information: (Please use additional form if registering more than one student.)

Student's LAST NAME \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Family Doctor or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Any Allergies \_\_\_\_\_

List all special considerations and/or restrictions needed: \_\_\_\_\_

Medicine that must be administered and when \_\_\_\_\_

Special dietary needs / restrictions \_\_\_\_\_

Any activity restrictions \_\_\_\_\_

### **Medical Release / Permission for Treatment**

1. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to any of the Emergency Contacts listed on the **Registration Form** to authorize any medical center and/or health care provider selected by THRIVE staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child/children as named above.
2. I also give permission to THRIVE staff to hold on to all medications and make them available to my child during the times they are to be taken.
3. I fully and completely understand that my authorization below releases THRIVE staff of any liability of accident incurred by the above named student. I understand that THRIVE staff only carries secondary insurance for students and that I will take primary responsibility for any charges occurring in the event the student(s) name above should need any medical attention at any clinic, facility, or hospital.
4. I further agree that if I have a legal dispute with THRIVE staff which cannot be settled through discussions between parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Oregon courts as qualified persons for mediation assignments.

If you understand and agree with what you have read, please sign your full name on the line below.

The above medical information is correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Authorization

\_\_\_\_\_  
Date